

Case Number:	CM14-0110203		
Date Assigned:	08/01/2014	Date of Injury:	10/19/2011
Decision Date:	09/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 53-year-old gentleman who injured the left shoulder in a work related accident on 10/19/11. Records provided for review include the PR2 report from 07/29/14 noting continued complaints of pain. It documents that plain film radiographs on that date showed bone on bone osteoarthritis of the glenohumeral joint. Objectively, on examination there was pain with forward flexion, abduction and terminal internal rotation. The report also documents that the claimant has failed a considerable course of conservative measures including antiinflammatory agents, corticosteroid injections and activity modifications as well as physical therapy. The recommendation was made for a hemiarthroplasty versus total shoulder replacement. The report of an MR arthrogram of 05/08/13 showed full thickness rotator cuff tearing with marked glenohumeral degenerative joint disease and degenerative changes of the labrum. There was evidence of prior rotator cuff repair noted at that time that has failed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hemiarthroplasty, 23470, Left Shoulder.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG): Arthroplasty; shoulder.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9, Shoulder Complaints, page 207-208, 209 and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Arthroplasty (shoulder).

Decision rationale: ACOEM Guidelines state surgical consideration could be given for individuals who have activity limitations of greater than four months with failure to improve with strengthening program that have clear clinical and imaging evidence of a lesion that has shown to benefit in both the short and long term from surgical repair. When also looking at Official Disability Guidelines, the claimant would be a reasonable candidate for hemiarthroplasty based on imaging of advanced degenerative arthritis and failed conservative measures. Therefore, the role of operative intervention given the claimant's current clinical picture that is supportive of endstage degenerative arthritis to the glenohumeral joint would indicate the need for hemiarthroplasty. Based on California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for hemiarthroplasty of the left shoulder is recommended as medically necessary.